

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LUTHERAN HOME, THE**

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610(a) 300.3240(a) 300.3240(b) 300.3240(d) 300.3240(e)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE  
**02/05/16**

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

**LUTHERAN HOME, THE**

STREET ADDRESS, CITY, STATE, ZIP CODE

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1  b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.  Section 300.3240 Abuse and Neglect  d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)  Section 300.3240 Abuse and Neglect  e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)  These Regulations were not met as evidenced by:  Based on record review and interview, facility staff knowingly failed to act upon the facility Abuse Protocol to ensure staff protected residents from potential sexual abuse after witnessing sexual abuse for one of three residents (R1) reviewed for abuse in a sample of	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LUTHERAN HOME, THE**

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>three. This failure resulted in a total of two staff (E13 C.N.A./Certified Nurse Aid and E18 C.N.A.) neglecting to report witnessed sexual abuse against a cognitively impaired resident (R1) until five hours after the incident occurred, neglecting to protect R1 once the abuse occurred, and allowing the alleged perpetrator to remain in the facility for the remainder of the shift and the potential for ongoing abuse to occur. This failure also resulted in a third staff member (E14 C.N.A.) neglecting to report alleged sexual abuse once told by the two staff members who witnessed it. This failure has the potential to affect R1, 5, 8, 12, 14, 15,16,19, 21, 22, 24, 31 and 32 as these residents reside on hallways accessible to the alleged staff perpetrator, are cognitively impaired and dependent on staff.</p> <p>Findings include:</p> <p>On 1/14/15 at 7:45 a.m., E13 (Certified Nursing Assistant) stated she was "doing rounds" with E18 on 12/28/15 at approximately 1:45 a.m. E13 stated she was standing in R1's doorway when she observed E19 (Licensed Practical Nurse) holding his penis in R1's mouth with his left hand. Immediately following this incident, E13 stated she went into another resident room with E18 and E19, to assist in a resident treatment. According to E13, after completing the treatment, she and E18 left that hall to do "rounds" on another hall. E13 stated, "when we left the hall, (E19) was left alone with the residents (on Clover)." At 4:29 a.m., E13 stated she attempted to call the State Hotline to report what she had witnessed, but was unsuccessful. E13 stated she then continued to "do rounds" with E18 and the remainder of the night "we just worked our shift." E13 indicated she had received training on 11/13/15 on Abuse</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LUTHERAN HOME, THE**

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>and was instructed to "call the Administrator if you suspect or see abuse." E13 stated, "I would call what (E19) did sexual abuse. In that case, we were supposed to call the Administrator, but I didn't because the building does not have any confidentiality. At that time, I wasn't thinking about the resident."</p> <p>On 1/12/16 at 1:58 p.m., E18 stated she and E13 were "doing rounds" at approximately 2:00 a.m. on 12/28/15, when they noticed R1's door was almost completely closed. E18 stated they opened R1's door and observed E19 with his penis in R1's mouth. E18 stated she was "too scared to confront (E19)" and she, along with E13 and E19 went into another resident room to complete a treatment. After completing the treatment, E18 stated she avoided E19 for the remainder of the shift by going to another hall with E13. At approximately 4:00 a.m., E18 stated she and E13 left the facility and went out to her car to call the "State hotline." After returning to the facility, E18 stated she approached E12 (Nurse Supervisor) and asked a "hypothetical question" about who she would report abuse to. According to E18, E12 told her all abuse should be reported to E1 (Administrator) "right away." E18 stated she never went back to check on R1, because she "felt (R1) was fine." E18 stated, "I knew I needed to report the abuse, but I was afraid of what (E19) would do...I knew it was abuse." E18 stated she waited until approximately 7:30 a.m., after she had left the facility and contacted the Administrator by phone to report what she witnessed between R1 and E19.</p> <p>On 1/12/16 at 9:15 a.m., E12 (Registered Nurse) stated she was the Supervising Nurse on the early morning of 12/28/15. E12 stated E18 approached her at approximately 4:00 a.m. and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

**LUTHERAN HOME, THE**

STREET ADDRESS, CITY, STATE, ZIP CODE

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>stated "hypothetically, if a resident was abused by staff, who would I need to report to?" E12 advised E18 that all allegations of abuse are to be reported to (E1) as soon as possible.</p> <p>On 1/12/16 at 1:44 p.m., E14 (Certified Nursing Assistant) stated, on 12/28/15 at approximately 2:00 a.m., she overheard E13 and E18 talking about R1 and E19 in the hallway, but "didn't want to get involved." E14 stated at approximately 4:00 a.m. on 12/28/15, E13 told her that she observed E19's penis in R1's mouth, but was "waiting for (E1) to come in" to report the incident. After being told about the alleged sexual abuse at 4:00 a.m., E14 stated she did not report the allegation to anyone on 12/28/15 as she thought E13 was "handling it." However, E14 stated she was aware that abuse needed to be reported to E1 as soon as possible.</p> <p>On 1/12/16 at 10:50 a.m., E1 (Administrator) stated he received a phone call from E18 at 7:41 a.m. on 12/28/15, alleging E19 had engaged in sexually inappropriate behavior with R1. E1 stated E18 and E13 reported that the incident occurred at 2:00 a.m. on 12/28/15 and E19 worked the remainder of his shift ending at 6:38 a.m. as documented in E19 's time sheet. E1 indicated E19 would have been sent home immediately if the allegation had been reported sooner. E1 stated E19 was immediately placed on unpaid leave, effective 12/28/15. E1 stated staff are expected to immediately report any incident that could be considered potential abuse to himself (Administrator and Abuse Coordinator) to ensure the protection of the residents.</p> <p>On 1/13/16 at 3:43 p.m., Z2 (Police Detective) stated E19 was arrested on 12/30/15 and remains in police custody, charged with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LUTHERAN HOME, THE**

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>Aggravated Criminal Sexual Assault.</p> <p>An Abuse Investigation, dated 12/31/15, documents E13 (Certified Nursing Assistant) and E18 (Certified Nursing Assistant) reported to E1 (Administrator) on 12/28/15 an allegation of sexual abuse. The Abuse Investigation documents E13 and E18 observed E19 (Licensed Practical Nurse) engage in sexual activity with R1 on 12/18/15 at approximately 1:45 a.m. and waited until 7:41 a.m. to report the allegation to E1. According to the Abuse Investigation, E19 was placed on suspension from his position at the facility on 12/28/15, immediately after the allegation was reported and the local Police Department was notified. The Abuse Investigation documents E19 was arrested on 12/30/15.</p> <p>A Minimum Data Set, dated 1/01/16, documents R1 as being cognitively impaired, having short term and long term memory impairment and requiring total staff assistance for all activities of daily living. R1's current Plan of Care, dated 1/12/16, documents R1 as "having difficulty remembering things" and "difficulty communicating and making my needs known."</p> <p>A training certificate dated 7/30/15, documents E13 completed one hour of Continuing Education on "Preventing, Recognizing and Reporting Resident Abuse." This Continuing Education course advises staff, "As a caring person and employee of your long term care facility, you want to make sure that residents feel safe and secure and are protected from physical, emotional, or other kinds of abuse...If your facility does not protect residents by reporting any suspected abuse, it could be heavily fined or lose its operating license...You should report all</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LUTHERAN HOME, THE**

**6901 NORTH GALENA ROAD  
PEORIA, IL 61614**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>suspected abuse to you immediate supervisor, the supervisor in charge during your shift, a manager on duty, and/or your facility's administrator."</p> <p>On 1/20/16 at 9:00 a.m., E1 (Administrator) stated he and E2 (Director of Nursing) participated in educating staff at the Abuse Reporting and Education inservice on 11/13/15 and immediate reporting of abuse to the Administrator was discussed, along with what constitutes abuse/neglect.</p> <p>On 1/20/16 at 11:10 a.m., E2 (Director of Nursing) stated the 11/13/15 Abuse Inservice included information on the different types of abuse, staff's expectation to notify E1 immediately of any suspected abuse/neglect, and a review of the facility Policy and Procedure on Abuse. E2 stated resident protection was included in the inservice, including the importance of immediately notifying the Administrator of abuse so we (E1 and E2) can come into the facility to remove the alleged abuser and initiate an investigation.</p> <p>A Training/Inservice Sheet dated 11/13/15, documents E13, E14 and E18 were in attendance for the "Abuse Reporting and Education" training provided by E1 and E2.</p> <p>The facility policy, titled "Abuse/Neglect Prevention and Response (revised 5/04/13)", documents "Purpose: To prevent abuse and neglect of residents and clients and establish an organized response to possible incidents of abuse and neglect." The "Abuse/Neglect Prevention and Response" policy defines sexual abuse as "sexual harassment, sexual coercion and sexual assault" and advises "In licensed care centers (licensed nursing homes), reports of</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005615</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/25/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6901 NORTH GALENA ROAD</b> <b>PEORIA, IL 61614</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7  abuse or neglect are to be made to the Administrator." Additionally, under "Response to Allegations of Abuse/Neglect", the policy documents "Investigation...Any time an allegation of abuse or neglect involves an employee, that individual will be suspended from duty until an investigation is completed."  A "Health Center Room Occupancy Chart", provided by E1 on 1/20/16, documents R1 through R32 reside on the units E19 had access to. On the "Health Center Room Occupancy Chart", E1 identified the following residents on those halls as being completely dependent on staff for all cares and cognitively impaired: R1, R5, R8, R12, R14, R15, R16, R19, R21, R22, R24, R31 and R32.  (A)	S9999		

## IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: The Lutheran Home, Peoria

DATE AND TYPE OF SURVEY: January 25, 2016  
Complaint Investigations  
1620168/IL82644 & 1620170/IL82646

300.610a)  
300.3240a)b)  
300.3240d)e)

### Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

### Section 300.3240 Abuse and Neglect

a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.*

### Section 300.3240 Abuse and Neglect

- d) *A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)*
- e) *Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)*

Attachment B  
Imposed Plan of Correction

**THIS WILL BE ACCOMPLISHED BY THE FOLLOWING:**

1. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing (DON) will review and revise the policies and procedures regarding adequate nursing supervision and recognition of situations that would require Physician notification.
  - A. Recognition of situations that could lead to resident injury and/or death.
  - B. Appropriate reporting procedures for staff.
  - C. Appropriate and thorough investigations and follow-ups of accidents, incidents, adequate supervision and physician notification.
  - D. The facility's responsibilities to prevent further potential abuse and/or neglect.
  - E. The facility taking appropriate corrective action when an alleged violation is verified.
2. The facility will conduct MANDATORY in-services for all staff within 30 days that addresses, at a minimum, the following:
  - A. Any new or revised policies and procedures, including actions needed to follow them that are developed as a result of this Plan of Correction.
  - B. All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
  - C. Documentation of these in-services will include the names of those attending, topics covered, location, day and time. This documentation will be maintained in the Administrator's office.
3. The following action will be taken to prevent re-occurrence:
  - A. The above in-service education will be review with all staff on a regular basis.
  - B. Supervisory staff will ensure that the State Regulations are followed.
4. The Administrator and Director of Nursing will monitor items 1 through 3 to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Ten days from receipt of the Imposed Plan of Correction.